

Section A – Select One Box

1. I'm not a business owner and haven't applied for an Employer Identification Number (EIN) but am receiving IRS notices for an unknown business in my name with an assigned EIN. I'm following the guidance at www.irs.gov/notmyein

The nine-digit EIN I'm reporting is _____

Complete Sections C, D and F

2. I suspect the business entity, estate, trust, or exempt organization listed in Section B is a victim of identity theft

Complete Sections B, C, D, E and F

Note: Failure to provide required documentation with a signed Form 14039-B may delay processing.

Section B – My Business Information

1. Legal name of entity	2. Approx. date entity established	3. EIN
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4a. **Current** business address (apt., suite no. and street, or P.O. Box)

4b. City	4c. State	4d. ZIP code
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5. Tax forms affected	6. Tax year(s)/quarter(s) affected
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7. Previous names this entity was known by (if applicable)

8. Check only **ONE** of the following boxes

This EIN is currently **Active** (in business)

This EIN is currently **Not Active** (if operation ceased, provide tax year/quarter of the final return filed) _____

9. If your business was not required to file a tax return for the year/quarter you are reporting identity theft, **check this box**

Section C – Information of Individual Submitting This Form

1. What is your position with the business entity/exempt organization shown below (You must have the legal authority to act for the entity and to receive return information per IRC 6103)

- | | |
|---|--|
| <input type="checkbox"/> Not applicable, I checked box 1 in Section A | <input type="checkbox"/> I am a sole proprietor |
| <input type="checkbox"/> I am an officer or director of this corporation/exempt organization | <input type="checkbox"/> I am a partner |
| <input type="checkbox"/> I am the managing member of a multi-member limited liability company | <input type="checkbox"/> I am the sole member of a limited liability company |
| <input type="checkbox"/> I am the Executor, Administrator, Personal Representative, Fiduciary, or Trustee of an estate or trust | |
| <input type="checkbox"/> Other (describe) _____ | |

2. Your name	3. Your Taxpayer Identification Number (provide 9-digit SSN or ITIN)
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4. Your mailing address (if different from your business address)

5. Your Telephone number (include area/ code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	6. Best time(s) to call you
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Section D – Reason for Filing this Form (Required)

Provide a brief explanation with relevant dates. If needed, attach additional information and/or pages to this form